### **Oklahoma Health Care Authority**

Drug Utilization Review Board (DUR Board)
Meeting – February 8, 2017 @ 4:00 p.m.

Oklahoma Health Care Authority 4345 N. Lincoln Blvd. Oklahoma City, Oklahoma 73105

#### **AGENDA**

Discussion and Action on the Following Items:

#### Items to be presented by Dr. Muchmore, Chairman:

- 1. Call to Order
- A. Roll Call Dr. Cothran

#### Items to be presented by Dr. Muchmore, Chairman:

- 2. Public Comment Forum
- A. Acknowledgement of Speakers for Public Comment

#### Items to be presented by Dr. Muchmore, Chairman:

- 3. Action Item Approval of DUR Board Meeting Minutes See Appendix A
- A. December 14, 2016 DUR Minutes Vote
- B. December 14, 2016 DUR Recommendations Memorandum

#### Items to be presented by Dr. Abbott, Dr. Adams, Dr. Muchmore, Chairman:

- 4. Update on Medication Coverage Authorization Unit/SoonerPsych Program Update
- See Appendix B
- A. Medication Coverage Activity for December 2016
- B. Pharmacy Help Desk Activity for December 2016
- C. Medication Coverage Activity for January 2017
- D. Pharmacy Help Desk Activity for January 2017
- E. SoonerPsych Program Update

#### Items to be presented by Dr. Adams, Dr. Muchmore, Chairman:

- 5. Action Item Vote to Prior Authorize Syndros™ (Dronabinol), Sustol® (Granisetron), and Bonjesta® (Doxylamine/Pyridoxine) See Appendix C
- A. Introduction
- B. College of Pharmacy Recommendations

#### Items to be presented by Dr. Ratterman, Dr. Muchmore, Chairman:

- 6. Action Item Vote to Prior Authorize Viekira XR™ (Dasabuvir/Ombitasvir/Paritaprevir/Ritonavir) and Epclusa® (Sofosbuvir/Velpatasvir) See Appendix D
- A. Introduction
- B. College of Pharmacy Recommendations

#### Items to be presented by Dr. Chandler, Dr. Muchmore, Chairman:

- 7. Action Item Vote to Prior Authorize Exondys 51™ (Eteplirsen) See Appendix E
- A. Introduction
- B. College of Pharmacy Recommendations

#### Items to be presented by Dr. Chandler, Dr. Muchmore, Chairman:

- 8. Action Item Vote to Prior Authorize Otovel® (Ciprofloxacin/Fluocinolone Acetonide)
- See Appendix F
- A. Introduction
- B. College of Pharmacy Recommendations

#### Items to be presented by Dr. Nawaz, Dr. Muchmore, Chairman:

- 9. Action Item Vote to Prior Authorize Cinqair® (Reslizumab) and Bevespi Aerosphere® (Glycopyrrolate/Formoterol Fumarate) See Appendix G
- A. Introduction
- B. College of Pharmacy Recommendations

#### Items to be presented by Dr. Abbott, Dr. Muchmore, Chairman:

- 10. Action Item Vote to Prior Authorize Fosrenol® (Lanthanum Carbonate), Velphoro® (Sucroferric Oxyhydroxide), and Auryxia™ (Ferric Citrate) See Appendix H
- A. Introduction
- B. Phosphate Binder Product Comparison
- C. College of Pharmacy Recommendations

#### Items to be presented by Dr. Abbott, Dr. Muchmore, Chairman:

- 11. Action Item Vote to Prior Authorize Defitelio® (Defibrotide Sodium) See Appendix I
- A. Introduction
- B. College of Pharmacy Recommendations

#### Items to be presented by Dr. Adams, Dr. Muchmore, Chairman:

# 12. Annual Review of Seizure Medications and 30-Day Notice to Prior Authorize Briviact® (Brivaracetam), Fycompa™ (Perampanel Oral Suspension), and Carnexiv™ (Carbamazepine Injection) – See Appendix J

- A. Current Prior Authorization Criteria
- B. Utilization of Seizure Medications
- C. Prior Authorization of Seizure Medications
- D. Market News and Updates
- E. Briviact® (Brivaracetam) Product Summary
- F. Fycompa™ (Perampanel Oral Suspension) Product Summary
- G. Carnexiv™ (Carbamazepine Injection) Product Summary
- H. College of Pharmacy Recommendations
- I. Utilization Details of Seizure Medications

#### Items to be presented by Dr. Nawaz, Dr. Muchmore, Chairman:

## 13. Annual Review of Parkinson's Disease Medications and 30-Day Notice to Prior Authorize Nuplazid™ (Pimavanserin) – See Appendix K

- A. Current Prior Authorization Criteria
- B. Utilization of Parkinson's Disease Medications
- C. Prior Authorization of Parkinson's Disease Medications
- D. Market News and Updates
- E. Nuplazid™ (Pimavanserin) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Parkinson's Disease Medications

#### Items to be presented by Dr. Nawaz, Dr. Muchmore, Chairman:

### 14. Annual Review of Hyperkalemia Medications and 30-Day Notice to Prior Authorize Veltassa® (Patiromer) – See Appendix L

- A. Chronic Hyperkalemia
- B. Utilization of Potassium Binders
- C. Market News and Updates
- D. Veltassa® (Patiromer) Product Summary
- E. College of Pharmacy Recommendations
- F. Utilization Details of Potassium Binders

#### Items to be presented by Dr. Abbott, Dr. Muchmore, Chairman:

#### 15. 30-Day Notice to Prior Authorize Kanuma® (Sebelipase Alfa) - See Appendix M

- A. Lysosomal Acid Lipase Deficiency (LAL-D) Background Information
- B. Kanuma® (Sebelipase Alfa) Product Summary
- C. College of Pharmacy Recommendations

#### Items to be presented by Dr. Abbott, Dr. Muchmore, Chairman:

### 16. Annual Review of Solaraze® (Diclofenac Sodium 3% Gel) and 30-Day Notice to Prior Authorize Picato® (Ingenol Mebutate 0.015% and 0.05% Gel) – See Appendix N

- A. Current Prior Authorization Criteria
- B. Utilization of Solaraze® (Diclofenac 3% Gel)
- C. Prior Authorization of Solaraze® (Diclofenac 3% Gel)
- D. Market News and Updates
- E. Picato® (Ingenol Mebutate Gel) Product Summary
- F. College of Pharmacy Recommendations

#### Items to be presented by Dr. Chandler, Dr. Muchmore, Chairman:

# 17. Annual Review of Anti-Migraine Medications and 30-Day Notice to Prior Authorize Onzetra® Xsail® (Sumatriptan Nasal Powder) and Zembrace™ SymTouch™ (Sumatriptan Injection)

- See Appendix O
- A. Current Prior Authorization Criteria
- B. Utilization of Anti-Migraine Medications
- C. Prior Authorization of Anti-Migraine Medications
- D. Market News and Updates
- E. Onzetra® Xsail® (Sumatriptan Nasal Powder) Product Summary
- F. Zembrace™ SymTouch™ (Sumatriptan Injection) Product Summary
- G. College of Pharmacy Recommendations
- H. Utilization Details of Anti-Migraine Medications

#### Non-presentation; questions only:

### 18. Annual Review of Xuriden™ (Uridine Triacetate) – See Appendix P

- A. Hereditary Orotic Aciduria Overview
- B. Current Prior Authorization Criteria
- C. Utilization of Xuriden™ (Uridine Triacetate)
- D. Prior Authorization of Xuriden™ (Uridine Triacetate)
- E. Market News and Updates
- F. College of Pharmacy Recommendations

#### <u>Items to be presented by Dr. Cothran, Dr. Muchmore, Chairman:</u>

#### 19. FDA and DEA Updates - See Appendix Q

#### Items to be presented by Dr. Abbott, Dr. Muchmore, Chairman:

#### 20. Future Business\* (Upcoming Product and Class Reviews)

- A. Multiple Sclerosis Medications
- B. Zinplava™ (Bezlotoxumab)
- C. Pulmonary Arterial Hypertension Medications
- D. Ulcerative Colitis and Crohn's Disease Medications
- E. Naloxone Medications
- F. Gaucher Disease Medications
- G. Makena® (Hydroxyprogesterone Caproate) and Vaginal Progesterone Products \*Future business subject to change.

#### 21. Adjournment